

North Dakota Nursing Facilities
Tracking Form

Send to: **Dual Diagnosis Management (DDM)**
220 Venture Circle
Nashville, TN 37228
Ph: (877) 431.1388 Fax: (877) 431.9568

Resident/Applicant Demographic Information	
Last: _____	
First: _____	MI: _____
SS#: _____	DOB: _____

Section I: Purpose of Tracking Form Submission

☐ I would like to request a copy of screening information. Specify request: ☐ NF ☐ SB ☐ HCBS ☐ TBI ☐ Level I ☐ Level II

☐ I am not requesting screening information. Submission is for the purpose of notifying DDM of a new admission.

☐ I am not requesting screening information. Submission is to notify DDM of transfer, discharge or deceased information (applies only to residents who have been previously evaluated through the Level II PASRR process).

Section II New Admission
 Complete this section for all NF/SB admissions and forward to DDM

Admitting Facility: _____	Admission Date: _____
Address: _____	City: _____
Contact Person: _____	Phone: _____

Section III: Transferred, Discharged, Deceased Resident
 Complete this section for all Level II individuals only and forward to DDM.

A. TRANSFER	Admission Date: _____
Admitting Facility: _____	
Address: _____	City: _____ State: _____ Zip: _____
Contact Person: _____	Phone: _____

A. TRANSFER	Admission Date: _____
Admitting Facility: _____	
Address: _____	City: _____ State: _____ Zip: _____
Contact Person: _____	Phone: _____

NOTE: DDM MUST BE NOTIFIED IF THE INDIVIDUAL IS EXPECTED TO RETURN TO THE NURSING FACILITY SETTING

B. DISCHARGE

Discharged to: <input type="checkbox"/> Hospital/General _____ Medical Unit _____ Psychiatric Unit <input type="checkbox"/> State Hospital/Acute Psychiatric Bed <input type="checkbox"/> Other NF Bed-Type (no longer in a Medicaid certified NF bed) _____ Rest Home Bed _____ Other _____	Discharge Date: _____ <input type="checkbox"/> Other Setting _____ Rest Home (outside of NF) _____ Group Home _____ Other Setting
---	---

C. DECEASED Date: _____

Submitted by: _____ Facility: _____
(please print)
Phone: _____